

2010 REGISTRATION FOR SUMMER CLASSES

PLEASE PRINT CLEARLY

NAME OF STUDENT _____ AGE _____ (as of 9/1/09)

DATE OF BIRTH _____ SCHOOL _____ GRADE _____ (as of 9/1/09)

OF YEARS COMPLETED AT JANE'S: Ballet ___ Tap ___ Jazz ___ Acro ___ Pre-dance ___

Can you attend dance during the day? Yes or No (circle one)

If No, what is the earliest time you can get to the studio? 3 ___ 3:30 ___ 4 ___ 4:30 ___ 5 ___ 5:30 ___

PARENTS/GUARDIANS:

FATHER _____ MOTHER _____

ADDRESS: _____ CITY _____ ZIP _____

PHONE#(HOME)(____) _____ CELL PHONE # (____) _____ STUDENT'S CELL(____) _____

FATHER (WORK) (____) _____ MOTHER (WORK) (____) _____

Email address: _____ Students email address: _____